

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael Tillman

16CV7390

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

Max Solaine Mingo

Bob Barker Co. Inc

COMPLAINT
(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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CLERK'S OFFICE
2016 SEP 22 PM 10:16
SD, SD, SD

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Michael R Tillman
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

241-16-05600

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

A.M.K.C (C-95)

Current Place of Detention

18-18 HAZEN STREET
Institutional Address

EAST ELMHURST NY 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Max Solaine Mingo
 First Name Last Name Shield #
WARDEN
 Current Job Title (or other identifying information)
13 - 13 HAZEN STREET A.M.K.C (C-95)
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 2: BOB BARKER Co. Inc.
 First Name Last Name Shield #
OWNER
 Current Job Title (or other identifying information)
7925B PURFOY ROAD
 Current Work Address
FUQUAY-VARINA NC 27526
 County, City State Zip Code

Defendant 3:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: V.C.B.C / A.M.K.C (C-95)

Date(s) of occurrence: 8/31/16 - PRESENT

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I ARRIVED to the department of corrections on 8/4/16. I WAS ISSUED A mattress by D.O.C. that I should HAVE never been given. The label of the manufacturer clearly states that these mattresses are "not" intended to be used with a foundation. The D.O.C. is allowing these mattresses to be used on a metal foundation frame, which has caused me physical injuries to my back and left leg. When I went to medical on August 31st, 2016 all I WAS prescribed was 400mg Ibuprofen. I asked can I get a additional mattress for more support I was told no by the doctor I had seen that morning because in his own words I am not allowed to do that.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I AM experiencing severe back pains and shooting pains throughout my lower back and left leg. I toss and turn trying to find some relief but it only gets worst and begins to get numb and starts to feel tingly and sensitive. The ibuprofen I have been prescribed is doing nothing for this pain im having.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like the court to order the department of corrections to change such mattress. I seek FIFTEEN MILLION DOLLARS in damages for my pain and suffering. It is negligence on the part of the city of new york, D.O.C., and BOB BARKER so I AM suing individually and in full capacity

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>September 12, 2016</u>		<u>Michael Tillman</u>
Dated		Plaintiff's Signature
<u>Michael</u>	<u>R</u>	<u>Tillman</u>
First Name	Middle Initial	Last Name
<u>18-18 HAZEN STREET</u>		
Prison Address		
<u>EAST Elmhurst</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

9/14/16

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

JVB07E4GDBL

Model:

Prototype ID: **PJM25754-1**

This mattress meets the requirements of
16 CFR 1633 (federal flammability (open
flame) standard for mattress sets) when
used without a foundation.

**THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION**

**UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL
Consisting of
100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE**

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

**MADE BY
BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526**

MADE IN USA

172

TO: Ms. MAX SOLAINE Mingo
From: MICHAEL TILMAN 241 16 05600
RE: GRIEVANCE
Date: 9/18/16

Dear, Madam,

I am writing you to inform you that I submitted a grievance on 9/10/16 and I never received a reply. So I am enclosing a copy of such grievance and I hope you can assist me with this matter. I look forward to hearing from you as soon as you can. Thank you for your time and cooperation.

Sincerely

Michael Tilman
241 16 05600



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
MICHAEL TILMAN	241 16 05600		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
A.M.K.C. (C-95)	Quad 8 Upper	8/31/16	9/10/16

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Reason or Grievance:

I WAS ISSUED A MATTRESS ON August 5th 2016 that started to CAUSE ME SEVERE BACK PAIN AROUND the 31st of August. I went to see medical on the same date and was prescribed Ibuprofen 400mg. These mattresses ARE NOT SUITABLE for metal foundations OR RATHER NO foundations AT ALL AS PER label of the manufacturer.

Action Requested by Inmate:

These mattresses should be changed with the SUITABLE MATTRESS for metal foundations.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

Michael Tilman

Date of Signature:

9/10/16

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

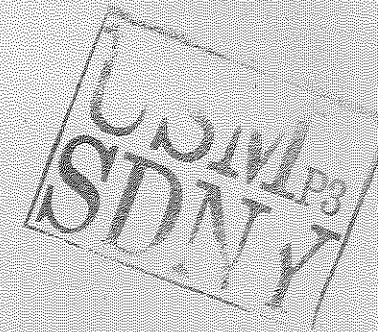
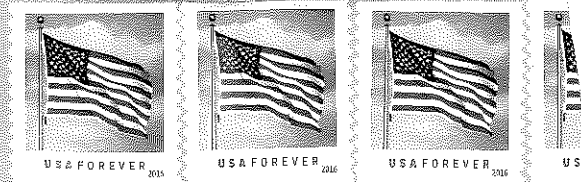
Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

MICHAEL TILLMAN 241 16 05600

A.M.K.C. @-911111111

17-17 HAZEN STREET

EAST ELMHURST, NY 11370



United States District Court
Southern District of New York

500 PEARL STREET

NEW YORK, NY 10007

Rm # 200



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